



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF REGULATION AND LICENSURE  
SECTION FOR LONG-TERM CARE

**RESIDENT FUNDS BOND WORKSHEET**

INSPECTION DATE

FACILITY				FACILITY NUMBER
INSPECTORS				REGION
WHO IS IN CHARGE OF RESIDENT FUNDS?				
NAME OF BOOKKEEPER/ACCOUNTANT				
ACCOUNTS SEPARATE FROM FACILITY FUNDS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
INTEREST BEARING ACCOUNT?		BANK NAME		ACCOUNT NUMBER
<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
CURRENT <b>APPROVED</b> BOND NUMBER			BOND/ESCROW AMOUNT	
LAST CALENDAR YEAR			USE THE RECONCILED BANK STATEMENT AMOUNTS	
	INTEREST BEARING ACCOUNT	NONINTEREST BEARING ACCOUNT	PETTY CASH	GRAND TOTAL
1. January				
2. February				
3. March				
4. April				
5. May				
6. June				
7. July				
8. August				
9. September				
10. October				
11. November				
12. December				
13. <b>TOTAL</b>				
14. Divide Line 13 <b>Grand Total</b> by number of active months (Average balance).				
15. Round Line 14 to nearest thousand (up or down). See instructions.				
16. Multiply Line 15 by 1.5 for the required bond amount. See instructions.				
17. Approved bond amount				
18. Total of ledger for the <b>most current</b> month INCLUDING - Closed, discharged and expired resident's accounts (DO NOT INCLUDE NEGATIVE ACCOUNTS)				
BOND AMOUNT IS SUFFICIENT <input type="checkbox"/> YES <input type="checkbox"/> NO				
UNABLE TO DETERMINE DUE TO THE FOLLOWING				